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## BIB DATA SHEET

CONFIRMATION NO. 8353

<b>SERIAL NUMBER</b> 10/722,695	<b>FILING or 371(c) DATE</b> 11/24/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1645	<b>ATTORNEY DOCKET NO.</b> 22058-536 (AM101268)	
<b>APPLICANTS</b> Joseph L. Wooters, Brighton, MA; Benjamin J. Metcalf, Rochester, NY; Banumathi Sankaran, Pittsford, NY;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/428,585 11/22/2002					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 02/26/2004					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWINGS</b> 0	<b>TOTAL CLAIMS</b> 37	<b>INDEPENDENT CLAIMS</b> 8
<b>ADDRESS</b> MINTZ, LEVIN, COHN, FERRIS, GLOVSKY AND POPEO, P.C. ONE FINANCIAL CENTER BOSTON, MA 02111 UNITED STATES					
<b>TITLE</b> Composition for treating Chlamydia infections and method for identifying same					
<b>FILING FEE RECEIVED</b> 1636	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		